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The description of the number and kind of mental health clinic services in rural areas was based on reports received from 1,537 outpatient psychiatric clinics in the United States as of April 1961. Aspects of clinic services for children and youth examined were geographic location, clinic characteristics, professional man-hours available per week, and patient-load for 1961.

Rural clinics serving children and youth were confined to a small area, most in the Northeast. The South had the greatest number of rural children but ranked second in number of clinics. In the whole country, 4,400 children, representing two percent of all clinic patients under 18 were served in a total of 50 clinics, representing four percent of the 1,185 clinics serving young people in the United States.

State agencies and institutions were mostly responsible for clinic administration. Direct service to patients was the main function of almost all of the clinics; mental health consultation to other agencies or professionals was the second function. Most rural clinics were open to all children and youth. The most frequent source of referral was the child's school. Most clinic service was brief, often consisting solely of psychological evaluation. Professional man-hours of service were an average of eight man-hours per week for each 100,000 rural chilren.

Despite the probable eligibility of rural children for service in nearby urban facilities, urban resources were found to be inadequate also. Data indicated that admission rates to mental health clinics were much lower for rural than for urban children.

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RURAL MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH: OUTPATIENT PSYCHIATRIC CLINICS

by

Carol L. McCarty, Beatrice M. Rosen,
and Dr. Anita K. Bahn
Outpatient Studies Section
National Institute of Mental Health
National Institutes of Health
Bethesda, Maryland 20014

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National Committee for Children and Youth
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THE CENTER FOR CULTURAL STUDIES
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RURAL MENTAL HEALTH SERVICES

FOR CHILDREN AND YOUTH:

OUTPATIENT PSYCHIATRIC CLINICS

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Carol L. McCarty, Beatrice M. Rosen,
and Dr. Anita K. Bahn
Outpatient Studies Section
National Institute of Mental Health
National Institutes of Health
Bethesda, Maryland 20014

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RURAL MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH: OUTPATIENT PSYCHIATRIC CLINICS

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ABSTRACT OF
RURAL MENTAL HEALTH SERVICES
FOR CHILDREN AND YOUTH:
OUTPATIENT PSYCHIATRIC CLINICS

OUTPATIENT STUDIES SECTION
NATIONAL INSTITUTE OF MENTAL HEALTH

Although the outpatient psychiatric clinic plays a major role in the provision of mental health services for children and youth, only 50 of the 1,185 clinics serving children and youth in the nation were located in rural areas, according to 1961 data reported to the National Institute of Mental Health.

Rural outpatient psychiatric clinic services for children and youth are examined with respect to geographic location, clinic characteristics, professional man-hours available per week and patient-load for 1961.

In general, rural clinics serving children and youth served a small geographic area, considered direct services to patients as their major function, had an open-intake policy, and were operated or supported by a State agency or institution.

Although rural children may be eligible for service in nearby urban facilities, resources in these areas are also inadequate to meet demands for service. All available data indicate that admission rates to mental health clinics are considerably lower for rural than for urban children.

RURAL MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH: OUTPATIENT PSYCHIATRIC CLINICS

Carol L. McCarty, Beatrice M. Rosen, and Dr. Anita K. Bahn [1/]

Introduction

Recent emphasis on community mental health programs has highlighted the need for information about the number and kinds of psychiatric resources available in the different geographic areas of the nation. One such resource, the outpatient psychiatric clinic, [2/] plays a major role in the provision of mental health services for children and youth. In urban communities, a variety of outpatient mental health services are often provided by other agencies such as family service and child welfare agencies, and school psychological services. In rural areas, however, the psychiatric clinic is frequently the only mental health resource available. [3/]

This report describes the number and kind of mental health clinic services located in rural areas, defined by the Census Bureau as a "place" [4/] with less than 2,500 population or other unincorporated territory not classified as urban. Comparable data are also shown for "small urban areas" (less than 25,000 population) and "large urban areas" (population of 25,000 or more). [5/]

Clinic information has been obtained through the nationwide reporting program established in 1954 by the National Institute of Mental Health in cooperation with State Mental Health Authorities. Our analysis is based on 1961 clinic data and 1960 Census information.

Geographic distribution of clinic resources

Reports were received from a total of 1,537 of 1,558 identified outpatient psychiatric clinics in the United States as of April 30, 1961. Only 56 clinics were located in rural areas, 400 in small urban and almost 1,100 in large urban areas (Table 1).

Excluding the six rural facilities for adults only, there were only 50 clinics located in rural areas that served children; 12 served children (and their parents) exclusively and 38 served both children and adults. These 50 clinics represented only four percent of the 1,185 clinics in the country which served children and youth. In contrast, one-third of all persons under 18 years of age in the nation lived in rural areas (Table 2).

The rural clinics serving children and youth provided a total of 3,300 professional man-hours of service per week. This represented only 1.5 percent of all clinic man-hours (214,000) for children and youth, a smaller proportion than the proportion of rural clinics (4 percent). This is explained by the fact that more of the rural clinics were operated on a part-time basis and had smaller staff than urban clinics.

In those clinics which served parents or other adults as well as children, an estimate can be made of the man-hours devoted to children, based on the proportion of reported patients under 18 years of age. Thus, only an estimated 1,700 man-hours of clinic service per week were devoted exclusively to children in rural clinics in 1961.

Most (29) of the rural clinics serving children and youth were located in the Northeast, 21 of them in New York State (Table 2). The South had the greatest number of rural children, but ranked second in the number of rural clinics; half of these clinics were concentrated in one State, Maryland. The North Central Region, second in number of rural children, had the smallest number of rural clinics. Only 15 States had one or more rural clinics; the 36 States without rural clinics had 65 percent of the rural children.

Another way of evaluating the geographic distribution of clinics is by the percent of counties and "places" with clinics. Of the 3,000 counties in the United States, four-fifths were without clinics. Most of these were also without any large urban place. Therefore, they were unlikely to have some other type of mental health facility.

Less than one percent of rural places had a clinic as compared to six percent of small urban places and 54 percent of large urban places (Table 3). Thirty-one of the rural clinics were located in areas too sparsely populated to be classified as a place.

In appraising the availability of mental health resources to rural children, it must be borne in mind that clinics located in urban areas may serve the surrounding rural population. Unfortunately, it was not practicable to measure the extent to which urban facilities are geographically or otherwise accessible to rural children. Some clue as to proximity to an urban facility can be obtained, however, by consideration of whether or not the rural area was in a standard metropolitan area. For example, 19 of the 50 clinics in this study were located in rural areas that were within standard metropolitan areas and 31 were in non-metropolitan areas (Table 2). In standard metropolitan areas, there may be other mental health resources accessible to the rural child, particularly in the central city or fringe area. In a non-metropolitan area, however, the clinic is likely to be the only mental health resource available within reasonable travelling distance.

Characteristics of rural mental health clinics

Administration of rural clinics for children was largely the responsibility of State agencies and institutions; 26 out of the 50 facilities were State operated, 19 of them by State mental hospitals (Table 4). Similarly about half of the clinics in small urban areas, but only one fourth of those in large urban areas, were State operated. While over two thirds of the clinics in the large urban areas were under the auspices of non-governmental agencies or were independent, only a third of the clinics in rural and small urban areas were so operated.

Nearly all of the rural clinics reported direct service to patients as their principal function and mental health consultation to other agencies or professionals as their second ranking function. Other community-oriented services, such as community planning and public education, and training of mental health professionals were minor functions for a third of the clinics. Only 7 rural clinics reported research as a function. Research and/or training were considered as a primary function in more of the large urban area clinics.

As in urban areas, most rural clinics were open to all children and youth; only 10 percent were restricted to such special groups as the mentally retarded (Table 5). In the large urban area, because of the greater diversity of auspices, there was a wider variety of special groups such as juvenile court cases or schizophrenic children, to whom services were restricted.

Clinic staff and man-hours

The full orthopsychiatric team of psychiatrist, clinical psychologist and psychiatric social worker was found in only 60 percent of the rural and small urban area clinics compared to 80 percent of the large urban area clinics (Table 6). Eleven rural clinics had a psychiatrist and one other team member; four had an unfilled psychiatrist position.

Professionals such as other physicians, nurses, therapists, technicians, and educational staff were utilized mainly in the urban clinics. Less than 15 percent of the clinics in rural and small urban areas had trainees on the staff, in contrast to 40 percent of the clinics in large urban areas.

All but two of the rural clinics had a psychiatrist or other physician as director. Psychologists, social workers, nurses, and clinic administrators, were employed as directors in a higher proportion of urban clinics.

Clinics in rural areas had less frequent scheduled service than urban clinics (Table 7). Only one third of the rural clinics were full-time (i.e. open 35 hours or more per week) as compared with one half of the clinics in small urban areas and four fifths in large urban areas. One fourth of the clinics in rural and small urban areas as contrasted with only three percent in large urban areas were open less frequently than once a week.

The average number of professional man-hours of service per week for rural clinics was 34 and for clinics in the small urban area, 43. In contrast, the large urban area clinic provided an average of 149 man-hours of service per week.

Children under care in rural clinics

Because of the relatively few man-hours of service provided by the rural clinic, the average caseload for the year was small. An average of 89 patients were seen during 1961 in each rural clinic and 103 in each small urban area clinic; for large urban areas, the average annual caseload was 239.

A total of 4400 children and youth were served in the 50 rural clinics during 1961 (Table 2), only 2 percent of all clinic patients under 18 years served in the United States. Excluded from the count of rural clinic patients were rural children seen in urban clinics; the number of such children cannot be estimated at present for the total United States.

Other studies have shown that the most frequent source of referral to rural clinics is the school and that rural clinic service tends to be brief, often consisting of psychological evaluation only. 6/ The rural clinic has a relatively large caseload of mental deficients in contrast to other clinics which see relatively more children with adjustment reactions. This reflects the use of the rural mental health clinic for school psychological and other diagnostic services because of the lack of other community resources.

Half of both the rural and urban clinics had waiting lists, for intake, diagnosis, or treatment, as of April 30, 1963. Of the 413 children on waiting lists of rural clinics, one-third were reported by New York clinics. The South had the smallest number of children waiting for service. 7/

Discussion

In this report we have attempted to summarize all available information on rural mental health clinic resources for children and youth. Despite increases in recent years in mental health clinic facilities in the nation 8/ it is evident from the data that rural clinic services were still very meager. Of the 100 clinics serving children which were opened between 1959 and 1961, only 4 were in rural areas.

Although there were relatively few clinic services of any kind in rural areas, a much higher proportion of available services were devoted to children than to adults (Table 1). This proportion was much lower in large urban area clinics.

The fifty rural clinics in 1961 serving children and youth in general served a small geographic area, considered the provision of direct services to patients as their major function, had an open-intake policy, and were usually operated or supported by the State. Many of the rural clinics could provide little beyond psychological and other evaluation services because they were operated only part-time. Also, because of their limited staff and hours of service, sometimes provided by a travelling team, they could treat few problems of emotional disturbance which require intensive or emergency care.

The inadequacy of clinic services in rural areas is also evident when one considers that the professional man-hours of service provided by these rural clinics averaged to only 8 man-hours per week for each 100,000 rural children. This figure was well below the goal suggested by the Joint Commission of Mental Health of two full-time clinics (280 professional man-hours) for each 100,000 population.

Although rural children may be eligible for service in nearby urban facilities, resources in these areas are also inadequate to meet the demands for service. Furthermore, all available data 9/ indicate that admission rates to mental health clinics are considerably lower for rural than for urban children. To some extent this may reflect differences between rural and urban children in the prevalence of mental illness or in cultural attitudes and receptiveness to mental health care. However, there is no doubt that inaccessibility to mental health resources is a major problem for rural children. Hopefully the recent interest in the planning for, and provision of, comprehensive community mental health care will stimulate augmented services for rural children.

For such planning, detailed studies of patient characteristics and services for children in rural and urban areas in each State will be necessary. Further study is also needed on the ways of providing effective mental health service in sparsely populated areas. Possible avenues for exploration are: the relative advantages and disadvantages of a travelling team compared with a stationary clinic, such as a tri-county mental health center; the ways of attracting highly trained psychiatric professionals to the small community and the increasing use 10/ of the visiting public health nurse and the rural physician for the provision of mental health services. Perhaps the skills of these rural health personnel may be even more effectively utilized in the future by intensified mental health training programs designed specifically for the needs of the rural child.

FOOTNOTES

1/ The authors are all associated with the Outpatient Studies Section, Biometrics Branch, National Institute of Mental Health, U. S. Public Health Service, Bethesda, Maryland. Miss McCarty and Mrs. Rosen are statisticians; Dr. Bahn is Chief of the Section.

2/ Defined as an outpatient mental health service unit with a psychiatrist in attendance at regularly scheduled hours who takes the medical responsibility for all clinic patients.

3/ Robinson, Reginald, David F. DeMarche, and Mildred K. Wagle. COMMUNITY RESOURCES IN MENTAL HEALTH. New York: Basic Books, Inc., 1960.

4/ The term "place" refers to a concentration of population, regardless of the existence of legally prescribed limits, powers, or functions. Most places are incorporated as cities, towns, villages, or boroughs.

5/ Geographic Identification Code Scheme, Censuses of Population and Housing, United States Department of Commerce, Bureau of the Census, 1960.

6/ Bahn, A.K., "Methodological Study of Population of Outpatient Psychiatric Clinics Maryland, 1958-1959," PUBLIC HEALTH SERVICE PUBLICATION 821, PUBLIC HEALTH MONOGRAPH, NO. 65 (Washington, D. C.: U.S. Government Printing Office, 1961).

7/ Preliminary data from the 1963 Supplement to Administrative Report of Outpatient Psychiatric Clinics.

8/ Bahn, A.K., V.B. Norman, C.L. Hench, C.L.McCarty and M.A.Rippy, "Gains in Outpatient Psychiatric Clinic Services, 1961," MENTAL HYGIENE, 47 (April, 1963), 177-188; and McCarty, C.L., C.L.Hench, V.B.Norman and Anita K. Bahn, "Trends in Outpatient Psychiatric Clinic Resources, 1959," MENTAL HYGIENE, 45 (October, 1961), 483-93.

9/ Pollack, E.S., R.W.Redick, V.B.Norman, C.R.Wurster, and K.Gorwitz, "A Study of Socioeconomic and Family Characteristics of Patients Admitted to Psychiatric Services: Background and Preliminary Analysis," presented at the 90th Annual Meeting of the American Public Health Association, Miami Beach, Florida, October 18, 1962; and unpublished data on Maryland outpatient psychiatric clinics, 1962.

10/ Annual Statistical Report, "Population and Number and Percent of Population Given Direct Nursing Service by Age Group," Division of Public Health Nursing, Maryland State Department of Health, 1962.

TABLE 1. DISTRIBUTION OF 1,537 OUTPATIENT PSYCHIATRIC CLINICS BY CLINIC LOCATION AND AGE GROUP SERVED, UNITED STATES, AS OF APRIL 30, 1961

Age group served	Total	Location		
		Rural	Small urban (under 25,000 population)	Large urban (25,000 population or more)
Total number of clinics 1/	1,537	56	396	1,085
Clinics serving children and youth	1,185	50	354	781
Children (and parents) only	433	12	106	315
Children and adults	752	38	248	466
Clinics serving adults only	352	6	42	304
Total number of professional man-hours per week in clinics	294,681	3,528	29,823	261,330
Clinics serving children and youth	214,119	3,308	28,190	182,621
Children (and parents) only (Estimated 2/ for children only)	102,857 (93,200)	332 (300)	7,595 (6,900)	94,930 (86,000)
Children and adults (Estimated 2/ for children only)	111,262 (39,700)	2,976 (1,400)	20,595 (8,300)	87,691 (30,000)
Clinics serving adults only	80,562	220	1,633	78,709

1/ Excludes 21 clinics which did not report. None of these facilities were located in rural areas.

2/ Estimated on the percent of patients under 18 years of age.

TABLE 2. DISTRIBUTION OF RURAL CLINICS FOR CHILDREN AND YOUTH AND RURAL POPULATION, BY GEOGRAPHIC REGION AND STATE, 1961

Geographic region and State	Number of rural clinics serving children and youth			Rural population under 18 years		Rural clinic population under 18 years	
	Total	Located in		Number (in thousands)	Percent of total population under 18 years	Number 1/	Percent of total clinic population under 18 years 2/
		Standard metropolitan statistical areas	Non-metropolitan areas				
Total United States 3/	50	19	31	20,955	32.8	4,428	1.9
Northeast	29	13	16	3,287	22.3	2,565	2.7
Connecticut	3	1	2	205	23.9	373	10.0
Massachusetts	1	-	1	317	18.6	108	1.1
New Jersey	2	2	-	248	12.3	225	2.3
New York	21	8	13	924	17.3	1,760	3.0
Pennsylvania	2	2	-	1,190	31.2	99	.8
4 other States	-	-	-	403	41.0	-	-
North Central	4	1	3	6,172	33.2	202	1.8
Iowa	1	-	1	489	49.5	90	3.4
Missouri	2	1	1	507	34.8	73	1.8
Wisconsin	1	-	1	566	38.9	39	.9
9 other States	-	-	-	4,610	31.4	-	-
South	11	2	9	9,156	44.1	1,031	11.3
Alabama	1	-	1	613	47.5	64	3.4
Delaware	3	2	1	58	35.6	739	65.9
Kentucky	1	-	1	670	58.8	21	1.2
Maryland	6	-	6	321	28.2	207	4.6
13 other States	-	-	-	7,494	44.0	-	-
West	6	3	3	2,339	23.8	630	3.6
California	4	2	2	784	14.4	554	3.8
Oregon	1	1	-	260	41.2	44	1.7
Utah	1	-	1	102	26.8	32	7.3
8 other States	-	-	-	1,193	35.5	-	-

1/ U. S. Bureau of the Census: U. S. Census of Population: 1960, General Population Characteristics, Final Report PC (1) A and B, U. S. Government Printing Office, Washington, D. C., 1961.
2/ Excludes rural children who are seen in urban clinics.
3/ Estimated figures for clinics in some States.
4/ Excludes Alaska and Hawaii.

TABLE 3. PERCENT OF PLACES HAVING ONE OR MORE OUTPATIENT PSYCHIATRIC CLINICS, 1961

Size of place or area (1960 population)	Places	
	Total number	Percent having one or more clinics 1/
Total United States	19,790	3.9
Large urban	765	54.0
Places of 100,000 or more	132	99.2
Places of 50,000 to 100,000	201	59.2
Places of 25,000 to 50,000	432	37.7
Small urban	5,276	6.3
Places of 10,000 to 25,000	1,134	16.4
Places of 5,000 to 10,000	1,394	7.3
Places of 2,500 to 5,000	2,152	1.9
Places under 2.500	596	.2
Rural	13,749	0.2
Places of 1,000 to 2,500	4,151	.5
Places under 1,000	9,598	.1

1/ Includes 352 clinics which serve adults only. Excludes 19 urban clinics and 31 rural clinics located in areas not classified as a "place."

TABLE 4. AUSPICES OF OUTPATIENT PSYCHIATRIC CLINICS SERVING CHILDREN AND YOUTH, BY CLINIC LOCATION, 1961

Clinic location	Total	State		Local health departments	Other hospitals	Other: (schools, courts, etc.)	Independent facilities
		Mental hospitals	Other agencies or institutions				
Number of clinics	1,185	174	216	121	165	243	266
Rural	50	19	7	8	6	6	4
Small urban	354	80	102	48	16	41	67
Large urban	781	75	107	65	143	196	195
Percent of clinics	100.0	14.7	18.2	10.2	13.9	20.5	22.4
Rural	100.0	38.0	14.0	16.0	12.0	12.0	8.0
Small urban	100.0	22.6	28.8	13.6	4.5	11.6	18.9
Large urban	100.0	9.6	13.7	8.3	18.3	25.1	25.0

TABLE 5. SPECIAL GROUP SERVED IN OUTPATIENT PSYCHIATRIC CLINICS SERVING CHILDREN AND YOUTH, BY CLINIC LOCATION, 1961

Clinic location	Total	No special group served	Service restricted to a special group			
			Mentally retarded	Ex-mental hospital patients	Court	Other
Number of clinics	1,185	1,087	21	57	10	10
Rural	50	43	3	3	-	1
Small urban	354	329	3	22	-	-
Large urban	781	715	15	32	10	9
Percent of clinics	100.0	91.7	1.8	4.8	0.8	0.8
Rural	100.0	86.0	6.0	6.0	-	2.0
Small urban	100.0	92.9	.8	6.2	-	-
Large urban	100.0	91.5	1.9	4.1	1.3	1.2

TABLE 6. STAFFING PATTERN OF OUTPATIENT PSYCHIATRIC CLINICS SERVING CHILDREN AND YOUTH, BY CLINIC LOCATION, 1961

Clinic location	Total	Staffing pattern					
		Psychiatrist, clinical psychologist, psychiatric social worker 1/	Psychiatrist and clinical psychologist 1/	Psychiatrist and psychiatric social worker 1/	Psychiatrist and "other" staff	Psychiatrist only	Psychiatrist position unfilled
Number of clinics	1,185	867	64	172	3	55	24
Rural	50	31	4	7	-	4	4
Small urban	354	216	29	75	-	21	13
Large urban	781	620	31	90	3	30	7
Percent of clinics	100.0	73.2	5.4	14.5	0.3	4.6	2.0
Rural	100.0	62.0	8.0	14.0	-	8.0	8.0
Small urban	100.0	61.0	8.2	21.2	-	5.9	3.7
Large urban	100.0	79.4	4.0	11.5	.4	3.8	.9

1/ With or without "other" staff, such as medical personnel, nurses, therapists, and technicians.

TABLE 7. CLINIC SCHEDULE OF OUTPATIENT PSYCHIATRIC CLINICS SERVING CHILDREN AND YOUTH, BY CLINIC LOCATION, 1961

Clinic location	Total	Full-time (35 hours or more per week)	Part-time (less than 35 hours per week)	Weekly		Not weekly		
				4 to 7 days a week	Less than 4 days a week or by appointment	At least once a month	Less than once a month	Appointment only
Number of clinics	1,185	825	360	862	206	95	9	13
Rural	50	17	33	19	18	10	-	3
Small urban	354	184	170	195	83	59	8	9
Large urban	781	624	157	648	105	26	1	1
Percent of clinics	100.0	69.6	30.4	72.7	17.4	8.0	0.8	1.1
Rural	100.0	34.0	66.0	38.0	36.0	20.0	-	6.0
Small urban	100.0	52.0	48.0	55.1	23.4	16.7	2.3	2.5
Large urban	100.0	79.9	20.1	83.0	13.4	3.3	.1	.1